



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

02/10/2004

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

NYD986912533

INSTALLATION NAME

CUMBERLAND FARMS INC #120434

INSTALLATION ADDRESS

131 W MERRICK RD
FREEPORT, NY 11520

MAILING ADDRESS

777 DEDHAM ST
CANTON, MA 02021

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056

TO: CUMBERLAND FARMS INC #120434
or Current Occupant
ATTN: RICHARD ETZOLD
777 DEDHAM ST
CANTON, MA, 02021

MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		ENVIRONMENTAL PROTECTION AGENCY, REGION II 2003 NOV 17 AM 9:14 RCRA PROGRAMS
1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES)	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (See instructions on page 24)	EPA ID Number: <u>NYD 986912533</u>		
3. Site Name (See instructions on page 24)	Name: <u>Cumberland Farms, Inc. #120434</u>		
4. Site Location Information (See instructions on page 24)	Street Address: <u>131 West Merrick Rd.</u>		
	City, Town, or Village: <u>Freeport</u>	State: <u>NY</u>	
	County Name: <u>Nassau</u>	Zip Code: <u>11520</u>	
5. Site Land Type (See instructions on page 24)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A. <u>4471</u>	B.	
	C.	D.	
7. Site Mailing Address (See instructions on page 25)	Street or P. O. Box: <u>777 Dedham St.</u>		
	City, Town, or Village: <u>Canton</u>		
	State: <u>MA</u>		
	Country: <u>USA</u>	Zip Code: <u>02021</u>	
8. Site Contact Person (See instructions on page 25)	First Name: <u>Richard</u>	MI:	Last Name: <u>Etzold</u>
	Phone Number: <u>781-828-4900</u>		Phone Number Extension: <u>3378</u>
9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)	A. Name of Site's Legal Owner: <u>Cumberland Farms, Inc.</u>		Date Became Owner (mm/dd/yyyy): <u>06/01/1986</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Operator: <u>Kayar Corporation</u>		Date Became Operator (mm/dd/yyyy): <u>02/01/1998</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID No.

10. Type of Regulated Waste Activity (Mark the appropriate boxes for activities that apply to your site. See instructions on pages 26 to 30)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**
(Choose only one of the following three categories.)

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities. (Mark all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, mark all that apply.

- ☒ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (Mark all boxes that apply):**

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities (Mark all boxes that apply.)

1. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Processor
- ☐ b. Re-refiner
- ☐ 3. Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 31)**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001						

DOOI

12. Comments (See instructions on page 31)

Signature of owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

authorized representative
Richard Gold
FOR NET

Richard Etzold
LIST PROGRAM MGR

11/13/03

ENVIRONMENTAL PROTECTION
AGENCY REGION II
2103 NOV 17 AM 9:14
RCRA PROGRAMS
BRANCH

RCRARep Handler Detail Report

Report run on: November 18, 2003 3:11 PM

Facility Information

Name/ID, Location / Activity Location, GPRA	Dist	Notified	SNC	Regulated Activity
CENTRAL SERVICE STATION	1	OK		-----
NYD986912533 131 W MERRICK RD & OCEAN AVE, FREEPORT NY				

Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

Activity Location

Handler Module Data for NY State only

Location Address

04/19/95 State/EPA 131 W MERRICK RD & OCEAN AVE
NASSAU (NY059)
FREEPORT, NY 11520
State District: NYSDEC R1
Land Type: ()

Mailing Address

04/19/95 State/EPA 348 ALLENS AVE
PROVIDENCE, RI 02990

Contact

09/12/90 Notification PAUL GENTILELLA
131 W MERRICK RD & OCEAN AVE
FREEPORT, NY 11520
Phone: (800)524-1701

Legal Owner/Operator of Site

09/12/90 Notification Current Owner from - D&B#:
CUMBERLAND FARMS (Private)
NOT REQUIRED
NOT REQUIRED, WY 99999
Phone: (212)555-1212

Regulated Hazardous Waste Activities

04/19/95 State/EPA
Federal Not a Generator
09/12/90 Notification
Federal Small Quantity Generator

RCRARep Handler Detail Report

Report run on: November 18, 2003 3:11 PM

Waste Codes

04/19/95 State/EPA	NONE
09/12/90 Notification	D001

D001	IGNITABLE WASTE
NONE	DESCRIPTION

Comments

Basic Notes:	EXTRACT_FLAG UPDATED OCT 2003 VIA SQL
	EXTRACT_FLAG UPDATED OCT 2003 VIA SQL
04/19/95 State/EPA	Update 10/03 to ensure Leg_Dist is associated with correct Counties
09/12/90 Notification	Update 10/03 to ensure Leg_Dist is associated with correct Counties

Central Data Exchange (CDX) Transaction and Acknowledgement

04/19/95 State/EPA	CDX:	Acknowledged:	09/17/90
09/12/90 Notification	CDX:	Acknowledged:	09/17/90



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY**

09/17/90

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYD986912533

FACILITY NAME ->

CUMBERLAND FARMS

MAILING ADDRESS ->

348 ALLENS AVE
PROVIDENCE, RI 02990

INSTALLATION ADDRESS ->

131 W MERRICK RD & OCEAN AVE
FREEPORT, NY 11520

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: ETZOLD RICH ENGR
CUMBERLAND FARMS
348 ALLENS AVE
PROVIDENCE, RI 02990



EPA

Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

Comments

[illegible]

Q U M B E R L A N D F A R M S

Street or P.O. Box

[illegible]

Street or Route Number

C 5	S	/	5		1	3	1		W	M	E	R	R	I	C	K	R	D	E	C	E	A	N	A	V	.
	City or Town																				State		ZIP Code			
C 6	F	R	E	E	P	O	R	T																		
																					NY		11520			

Name and Title (last, first, and job title)

[illegible]

A. Name of Installation's Legal Owner

[illegible]

B. Type of Ownership
(enter code)

A. Hazardous Waste Activity

- ☐ 1a. Generator ☒ 1b. Less than 1,000 kg/mo.
- ☐ 2. Transporter
- ☐ 3. Treater/Storer/Disposer
- ☐ 4. Underground Injection
- ☐ 5. Market or Burn Hazardous Waste Fuel
(enter 'X' and mark appropriate boxes below)
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner

B. Used Oil Fuel Activities

- ☐ 6. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
 - ☐ b. Other Marketer
 - ☐ c. Burner
- ☐ 7. Specification Used Oil Fuel Marketer (or On site Burner)
Who First Claims the Oil Meets the Specification

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

- ☐
- A. Utility Boiler
- ☐
- B. Industrial Boiler
- ☐
- C. Industrial Furnace

VIII. Mode of Transportation (transporters only - enter 'X' in the appropriate box(es))

- ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify)

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☒ A. First Notification ☐ B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number								

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

[illegible]

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

[illegible]

☒ 1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxic (D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date Signed _____

EPA Form 8700-12 (Rev. 10-88) Previous edition is obsolete.